

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

9/23, 528

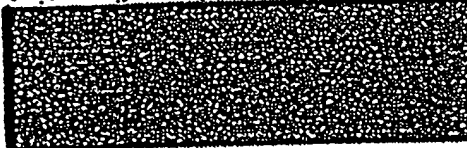
DATE: <u>9-24-83</u>	FROM: <u>Trost</u> (print name)
FORWARD TO:	REASON(S):
A. Art Unit: <u>2661</u>	A. You had Parent <input type="checkbox"/> (check box)
B. Class: <u>370</u>	B. See Title <input checked="" type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input checked="" type="checkbox"/> (check box)
	D. See Claim(s): <u>1, 6, 7</u>

FURTHER EXPLANATION IF NEEDED:

patient network, v. ip, hours

DATE: _____	FROM: _____ (print name)
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER	REASON(S):
	A. You had Parent <input type="checkbox"/> (check box)
	B. See Title <input type="checkbox"/> (check box)
	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: